Health Information Technology Standards Committee
Final
Summary of the December 14, 2011, Meeting

KEY TOPICS

1. Call to Order and Opening of the Meeting

Mary Jo Deering, Office of the National Coordinator (ONC), welcomed participants to the 32nd meeting of the HIT Standards Committee (HITSC). She reminded participants that this was a Federal Advisory Committee (FACA) meeting, with an opportunity for the public to make comments, and that a summary of the meeting would be available on the ONC Website. She called the roll, and turned the meeting over to HITSC Chair Jonathan Perlin, who asked the two new members to introduce themselves. Floyd Eisenberg, Senior Vice President, National Quality Forum, mentioned his work on a quality data model, a grammar for expressing quality measures, and consulting on the retooling of measures for stages 1 and 2. Lesley Kelly Hall, Senior Vice President, Healthwise, said that Healthwise is a nonprofit consumer company in Idaho that works to engage patients in their health care.

Approval of Minutes

Perlin referred to the summary of the November 2011 meeting and noted an error—the word "pools" should be "tools". He asked whether there were objections to approval of the minutes with that change. Hearing none, he declared the minutes approved.

> **Action Item #1: The minutes of the November 2011 meeting were approved with the referenced correction.**

2. Opening Remarks

Farzad Mostashari, National Coordinator, was not present for remarks.

3. Review of the Agenda

Chairperson Perlin talked about this being an informational meeting and the importance of clarity. Stage 2 has been postponed for 1 year. There are challenges. Although the HIT Policy Committee (HITPC) sets the goals, the standards to realize the goals are not always available. Sometimes the data model does not support the aspirations. The end of the year is a time for reflection on achievements and on the emerging body of work. The HITSC's role is to recommend standards to reach the policy aspirations. He welcomed Judy Murphy in her new role of ONC Deputy Director.

Vice Chairperson John Halamka noted topics that he wished to consider in 2012. Under content, he mentioned greenCDA, DICOM standards, queries for population health, and quality measures. Considering vocabulary, he said that quality measures vocabularies need to be expanded to items of clinical care more generally and that the lab compendium should be discussed. Regarding transport, he called out the role of medadata in the stage 2 Notice of Proposed Rule Making (NPRM), the NwHIN evaluation and exchange guide, micro data, and Health Information Exchange (HIE) standards. He announced his expectation that the 2012

workplan, to be presented at the January meeting, would include the pending content, vocabulary, and transport items.

Doug Fridsma, ONC, said that he wanted feedback from the committee. Deering announced the public call in-number, saying that she had received reports that the Altarum Website was down and members of the public were unable to access the call. She went on to say that staff was working to correct the problems. Perlin said that a record of the meeting proceedings as well as all documents would be available to the public.

4. Update from NCVHS on ACA Section 10109

Walter Suarez, Standards Sub-committee, National Committee on Vital and Health Statistics (NCVHS), spoke from slides and noted the coming convergence of the clinical and administrative worlds, which will require closer coordination between the NCVHS and the HIT FACAs. He began by describing the work of the NCVHS and the current standards environment. The Affordable Care Act (ACA) not only expanded NCVHS' responsibilities, Section 10109 directs the NCVHS and HIT FACAs to work together to inform policy in these areas:

- The application process for enrollment of health care providers
- Whether the Health Insurance Portability and Accountability Act (HIPAA) standards and operating rules should apply to automobile insurance, worker's compensation, and other property and casualty insurance programs
- Whether standardized forms could apply to financial audits required by health plans, federal and state agencies, and other relevant entities.
- Whether there could be greater transparency and consistency of methods used to establish health plan claim edits
- Whether health plans should be required to publish timeliness of payment rules

NCVHS is responsible for an annual report to congress on HIPAA implementation. A report on the past 10 years was recently submitted. Suarez said that he will distribute the report to HITSC members when it is released. Suarez reviewed a workplan that delineated a timeframe and areas for coordination with the HIT FACAs. He went on to summarize the output from a public hearing on the topics delineated above.

The presentation was halted for Judy Murphy, Deputy Director, ONC, to greet the members. She talked about setting the stage for 2012. She informed the members that ONC staff respects the work of the HIT committees, which facilitate grass roots efforts in collective thinking. Now that adoption among EPs has doubled this year and adoption is evitable, ONC can increase its focus on standards.

Suarez continued with slide 17. He concluded with several overall observations from the public hearing:

- Though there seems to be interest in addressing the topics of Section 10109, there is a sense that any substantive effort may be premature or at least awkward timing because of other pressures and priorities
- Certain topics could be identified for future study and analysis, but funding would be required to do an adequate service to any such project.

- Some of the work at the Center for Medicare & Medicaid Services (CMS), including efforts by Medicare and Medicaid in the areas of claim edits and audits, are a source of frustration due to the lack of perceived transparency and industry participation.
- Final rules on claims standards by January 2014 with implementation by 2016

Finally, he delineated areas in which NCVHS can work with the HITPC and HITSC to identify:
- Policy recommendations, based on findings from hearings
- Possible standards recommendations
- Additional areas for standardization, beyond those mentioned in the ACA

The NCVHS will draft letters of Observations and Recommendations (January 2012). The letters will be distributed to the HIT Committees for input (January-February, 2012) and then submitted to the secretary (February, 2012).

Discussion
Perlin recognized the parallel activities of the NCVHS and the HITSC. He acknowledged the greater importance of interagency coordination and wondered how to ensure scheduling that will promote coordination.

Halamka referenced Suarez's comment that the HITSC should review and comment on forthcoming NCVHS recommendations on standards. He asked Fridsma and Deering about a process for cross-committee coordination. Fridsma responded that although he had testified at the public hearing, not everything had been worked out. ONC can identify the building blocks and NCVHS can work on standards for consistency. He indicated that he would work with both committees on a series of recognized standards. Halamka suggested reconstituting the HITSC Administrative Workgroup. Suarez concurred, saying that the group could look at the fundamental building blocks for standards and build on clinical information. Generating a claim attachment document seamlessly from the clinical record is the goal. Deering declared that ONC staff intends to use the feedback from Fridsma's presentation to coordinate activities. Suarez indicated his willingness to reconvene the Administrative Workgroup.

Wes Rishel reminded the members that the Administrative Workgroup had to do with enrollment at the state level as referenced in the American Recovery and Reinvestment Act (ARRA). Although there may be some overlap, the original Administrative Workgroup was more focused on interoperability than exchange standards. He noted his concern with the last slide and the development of a public health information model: Is there enabling legislation for such a model? Suarez acknowledged the lack of a legislative requirement. However, public health officials are concerned about the standardization of data—for notifiable conditions data as well as survey responses. Insofar as collaboration across government agencies is extremely difficult, Rishel emphasized the need for a better coordination plan. Creation of standards by one FACA followed by reaction by another FACA will not be sufficient. He urged much closer collaboration.

Dixie Baker inquired about the public health standards' relationship to the Centers for Disease Control and Prevention (CDC) standards and PHIN standards. Suarez replied that those

standards will be part of the effort. The standards should relate to data reported to CDC from both public health agencies and clinicians. Seth Foley is the CDC liaison.

Lesley Kelly Hall asked about learning from the worker's compensation program, a model in which the patient is very active. Suarez agreed that much can be learned about the handling of care coordination and the coordination of clinical and administrative data from that program.

Carol Diamond pointed out the need to resolve the questions of the process for the two committees to coordinate. Report back is not adequate.

In response to a question from Jim Walker about a needs assessment, Suarez reported that various assessments targeting specific stakeholder groups, such as public health and research, have been conducted. Perhaps the results should be aggregated into a single document.

David McCallie commented on the divergence between administrative reporting with ICD 10 and the clinical use of SNOMED, saying that once ICD 10 is mandatory, this difference will be more of a problem.

Fridsma talked about the need to coordinate on public health. He reminded them that most of the important work will be done at levels lower than the FACA committees. Federal agencies have mechanisms for coordination. There are many on-going initiatives that are being coordinated.

5. Implementation Workgroup Update

Implementation Workgroup Co-Chair Liz Johnson reported, showing an example of the grid that the workgroup is using to formulate recommendation directly to ONC on improvements in and implications of test procedures. Through February, the workgroup will meet biweekly to review test procedures, examine the availability of new procedures, and consider the possibility of combining tests. In their reviews of testing criteria, members are considering reasonableness, simplicity, reduction of testing duplication, and testing versus observation. She said that she will report back to the committee periodically and coordinate with relevant workgroups.

Discussion

Halamka spoke about the importance of testing, saying that testing must be doable and illustrate the desired outcome.

Baker noted that the Privacy and Security Tigers Team had made recommendation on testing for privacy and security. She suggested obtaining input from stakeholders on the team's recommendations. Johnson agreed to work with Baker off-line.

6. Updates from ONC

Query Health

Lab Ordering Compendium (not specifically discussed)

Halamka noted the importance of the presentation for work in 2012. He called attention to his blogging on these topics. According to him, a single national plan for federated data mining is a good thing.

Rich Elmore, ONC, described Query Health as enabling distributed queries that unambiguously define a population from a larger set. Many different types of questions can potentially be answered. Elmore said that the Query Health approach is consistent with other S & I Framework initiatives. The main principle is that practice drives standards. First, a rough consensus was achieved. Open source running code will be used. The approach will be piloted, followed by the development of specifications and standards. He mentioned three parts of the use care—what question, what data, and what results. Access and distribution will remain under control of data stewards. The disclosure or use of patient level information will be avoided. The effort is voluntary with no central planning. The approach is based on input from groups already doing distributed queries. He went on to explain user stories, which will focus on the clinical record (e.g., EHRs, HIEs, payer clinical repositories, PHR, etc.).

Concept mapping is one of the challenges. A role of an intermediary is a possibility. Elmore showed several flow charts to depict how a query could work. He referred to a Clinical Element Data Dictionary (CEDD) and a list of key building blocks and said that another group is working on clinical concept mapping and doing an environmental scan. Policy, not technology, is the most challenging aspect of a query. Guidance was received from the Tiger Team on the following:

- Control of data disclosures by data holder

–Whether to run a query
–Whether to release any results

- Data being disclosed

–Aggregated de-identified data sets or aggregated limited data sets, each with data use agreements (even in circumstances where they are not required by law), or
–Public health permitted use under state or federal law providing the minimally necessary and permitted information (which may include identifiable information where permitted by law).

- Data Use Agreement:

–No re-identification
–Clarity of purpose (permissible uses)

- Small cells:

–Cells with less than 5 observations shall be blurred by methods that reduce the accuracy of the information provided.
–Exception for regulated / permitted use
–(The CDC-Council of State and Territorial Epidemiologists Intergovernmental Data Release Guidelines Working Group has recommended limiting cell size to three counts presuming a sufficiently large population; this is also reflected in guidelines used by several states.)

Recommendations for standardization for interoperability are needed in four areas: query envelope, query format, results format, and common data elements definitions. The project is using availably distributed query tools, such as hQuery. Also, Health Quality Measures Format (HQMF) format can be used to ask questions of a data system. The return is a conveyor belt system. Elmore went on to describe that the data quality model format is independent of an implementation data source and implementation model. Next steps are to define amendments to simplify HQMF and to develop implementation guidance for Query Health's use of HQMF.

Discussion

Halamka asked about duplicate counts—what about an individual whose data are in more than one system or database? Are all the data counted in the denominator? Elmore responded that the model assumes duplicates will occur. The effect of the duplication will depend on the question and the use of an appropriate data source. Carol Diamond suggested that this is an issue for research. She referred to Agency for Healthcare Quality and Research (AHRQ) projects. Halamka referred to the work of Jess Jonas at IBM. Elmore noted both policy and technical issues in matching.

Stan Huff wanted more details. He asked about translation from general to specific terms. If each institution can interpret differently, sustainability will be affected. He suggested developing and using prototypes with institutions that were not involved in the original design. Elmore said that demonstration and piloting are part of the plan for 2012. McCallie talked about maintaining a log of losses in translation.

Eisenberg commented on slide 32. Measures intended for extraction or attestation will require more logic. There are issues with the complexity in HQMF. Also, medadata and provenance are often required in addition to what are contained in data element. Some data elements relate to other elements. Staff needs to reexamine how the measures are defined and the elements requested in queries. He suggested a deeper look.

Baker wondered whether a trusted intermediary is part of the process of blurring small cell frequencies. Elmore indicated that blurring is the responsibility of the data steward. There are various statistical techniques that can be applied. Later, it will be necessary to figure out how to do this where data are held by HIEs.

Rishel recommended that Query Health staff design something sufficiently simple to be implemented by less sophisticated systems than used in the models presented. He suggested the creation of a series of accomplishments and warned against sweeping problems under the rug in order to meet production deadlines. Elmore agreed, saying that he is recruiting pilot site organizations. He asked members to volunteer. A Pilot Workgroup has been formed. A site in New York has been identified. He is asking EHR vendors for guidance. A member who is a Beacon project participant volunteered his program.

Suarez asked about dealing with duplications in the aggregation of de-identified data from different providers. Elmore repeated that the askers of the question will have to deal with it in analysis and interpretation.

S & I Framework Initiatives

Fridsma went thought his slides to give an overview of transition of care, lab results interface, provider directories, certificate interoperability, data segmentation for privacy, esMD, public health, and longitudinal care. Regarding transition of care, he indicated that the next focus will be on a clinical data model and implementation of standards for clinical data elements. The input from several workgroups must be incorporated. Work on a consolidated CDA and greenCDA must be included in the workplan.

Ballot reconciliation via the HL7 process on the laboratory interface change will occur over the next few months. A broad consensus on provider directories has been obtained. The project on data segmentation for privacy recently launched. Use cases and needs are being defined. This work was incorporated in the timeline as well. ONC and CMS are collaborating on electronic submission of medical documentation, which is related to the work of NCVHS. As yet, there is no timeline for completion.

He talked about the S & I Framework as a platform, saying that there are numerous possible initiatives—browsers, coordinator handbooks, wikis, pilot sites, tools, and process to use outputs. There are various levels of engagement and participation in the initiatives. He reported that he intended to continue to work closely with the National Library of Medicine (NLM), which ONC has funded for work on vocabularies, value sets and definitions. He will also work with AHRQ for archiving, developing, and disseminating resources.

6. Preliminary Framework for HITSC 2012 Workplan
Fridsma moved on to his slides on stage 3 planning. He declared that he would work on alignment of the HITPC and the HITSC. A strategic long term view is needed in planning for stage 3. He said that he wanted input early in the planning process. He intends to present a draft 2012 plan at the January 25 meeting. Topics for consideration include:

- NPRM response
- QM standards
- NwHIN standards criteria
- Value sets/mapping
- Query Health review
- Radiology Standards
- Governance
- CEDD/CIMI/CIM
- Consumer-mediated info exchange
- One-stop-shop for resources
- GreenCDA
- Maintenance strategy for standards
- Public Health
- Data/Practice Portability
- APIs/tools

Discussion of S & I Framework Initiatives
Halamka observed that the presentation covered most of his blog topics.

Arien Malec had many questions. Regarding transition of care, he pointed out a need for an implementation guide, and mapping CDA and simple clinical statements. Also, he wondered about the regulatory and certification mechanisms for making corrections or clarifications to rules over time. Additionally, he expressed concern with overwhelming the HIT community with the numerous initiatives and requirements. He asked that the sustainability of the S & I Framework be placed on the agenda for January. Fridsma responded that by January 25, a workplan will be used to guide committees, workgroups and staff. He concurred with the need

for guidances. He acknowledged that the regulatory requirements are challenging. But the NPRM for stage 2 is one opportunity for corrections and clarifications. Malec emphasized the urgency of the transition of care guide, saying that he is not confident that sufficient semantic specificity exists for providers. He insisted upon a determined focus. A CMS representative reported that a CMS staff person has created a clinical data dictionary and has started mapping to technical standards. Someone is also working on a guide that is expected to be published in the next 2 months. One challenge is the avoidance of an overly complex, and consequently not usable, guide.

Halamka said that the topic should be referred to the Implementation Workgroup. Rishel stated that if an implementation guide is published and cited in the regulation, it will soon be outdated because standards are consistently evolving. Identical issues were encountered with HIPAA. He suggested creating a forum to discuss these issues and to obtain estimates of how HL7 would decide on the issues. Also, making public testing available should be considered as the Health Information Technology Standards Panel did in the past. These considerations are important in order to go beyond the minimum for stage 2. Fridsma said that he was taking notes for incorporation into the workplan. Rishel emphasized the importance of addressing these concerns in the wording of the regulations.

Suarez asked about the incorporation of S & I Framework output into adoption. For example, how does Query Health get into mainstream adoption for stage 3? According to Fridsma, there are many ways to create incentives for adoption. Adoption is a measure of success. One must think broadly about regulations and other mechanisms such as pay for performance. Not all mechanisms have been identified.

Suarez asked about putting privacy and security standards on the topics list. Are there products from the Framework for privacy and security? He recalled that privacy and security were considered separately in the several S & I initiatives; he suggested bringing them back together for an overall discussion. Fridsma indicated the suggestion may be an agenda item for a future meeting. Halamka confirmed that his important issues were captured in Fridsma's slides.

Leslie Kelly Hall noted the absence of discussion of the patient as an active care team member and patient's entry of information in the record. Fridsma acknowledged that the patient and consumer perspectives must be included. However, that discussion will be postponed until after February in order not to overwhelm the committee.

Baker brought up two significant areas for privacy and security—cloud computing offers and access to EHRs with mobile devices. She wondered how to position the committee to address standards in these areas. Fridsma said that there is no need to wait for the HITPC. The HITSC can initiate the discussion. Perhaps the committee should invite people to describe their needs. Through an early identification of needs, sufficient time can be ensured for making recommendations.

Halamka concurred with the urgency of Baker's suggestions, saying that he has been blogging on mobile devices. He shared information that hackers are able to purchase hospital staff credentials obtained by criminal networks through mobile devices.

Eisenberg mentioned devices and apps for patients to enter information into EHRs. He talked about the need for atomic value sets. Definitions of quality measures are needed as well, according to Halamka.

McCallie inquired about usability and safety. Fridsma responded that he is working with the National Institute of Standards and Technology (NIST) to minimize harm. Jodi Daniels, ONC, reported that ONC is working with other federal agencies on a surveillance and action plan for HIT safety. Staff is working to determine the appropriate level of authority and mechanisms for monitoring. Staff is also working with NIST on a usability protocol. She said that she is not sure what particular role the HITSC can play. She asked that members let her know of any specific issues and she offered to report back when the plan is further along.

Wrap-up
Judy Murphy returned to thank the members for their efforts.

Rebecca Kush, who was absent for the action on the November 2011 meeting minutes, asked for an amendment. She said that the minutes did not include her comment to endorse what Dr. Chute and Wes Rishel talked about in terms of the CIMI project which is giving the research communities hope in terms of actually harmonizing at the data element level and the small detailed models. She asked that her comment be recorded. (Writer's note: See meeting transcript.) She offered information on a shared health and research electronic library that her organization has developed. She went on to say that she expected to have the use of EHR-generated data for research purposes included in the 2012 workplan. Perlin asked for objections to amending the minutes to include Kush's comment. Hearing none, the minutes were so amended.

> **Action Item #2: The minutes of the November 2011 meeting were amended to show that Rebecca Kush endorsed the comments of Chute and Rishel on the CIMI and offered to share information on her organization's electronic library.**

Halamka noted that whatever the political environment in 2012, the HIT FACAs chartered by ARRA and HITECH will continue.

Perlin asked for a sense of the committee to support Fridsma's presentations. There was only one response; Suarez asked that the members' comments be taken into account. Fridsma said that the workplan is a living document. Chairperson Perlin thanked the staff and members for their efforts throughout the year.

7. Public Comment
Robin Raiford, Advisory Committee Board, confirmed that the HIT FACAs were authorized in ARRA.

SUMMARY OF ACTION ITEMS:

Action Item #1: The minutes of the November 2011 meeting were approved with the referenced correction ("tools" not "pools").

Action Item #2: The minutes of the November 2011 meeting were amended to show that Rebecca Kush endorsed the comments of Chute and Rishel on the CIMI and offered to share information on her organization's electronic library.

Meeting Materials:
Agenda
Summary of November 16 2011 meeting
NCVHS on ACA Section 10109
Implementation Workgroup Update
Fridsma's presentation slides